



HOW TO OBTAIN A JUDGMENT OF DISSOLUTION, LEGAL SEPARATION OR ANNULMENT BY DEFAULT WITHOUT A COURT HEARING

Purpose of this Packet

This packet is designed to help you obtain a judgment by default without a court hearing. If your spouse has not served and filed a Response and more than 30 days have passed since he or she was served with the Summons and Petition, you are eligible to proceed by Default. However, default is not automatic. You must file a Request to Enter Default and all of the required judgment forms. These instructions are intended only for those cases that will proceed all the way to judgment without a court hearing.

When you proceed by default, the Judge may only make orders about those items listed in your Petition. For example, if you have property or debts that need to be divided or confirmed to one spouse, and you did not list those items in the petition, you cannot address those items now. Failure to include an asset or debt may enable your spouse to ask the Court to set aside your judgment in the future. In order to avoid a possible set aside, be certain that all assets and debts have been included in both your petition and your judgment. If you did not include an item you wish the Court to address, consult with an attorney before you proceed by default.

Getting Started

You may only proceed by default if all of the following are true:

- At least 31 days have elapsed since the date of service on the other party.
- The Proof of Service of Summons was completed correctly by the person (some 18 years or older who is not a party to your case) who served the documents.
- The original Proof of Service of Summons has been filed.
- No Response has been filed by your spouse.
- Your preliminary and final financial disclosures have been served on your spouse and the Declaration Regarding Service of Declaration of Disclosure has been filed with the Court.
- Your spouse is not active duty military. (If your spouse is active duty military, seek legal assistance from a private attorney.)

Is a Default Hearing Required?

When proceeding by Default, you may always request a Default Hearing. You may only be able to proceed without a Default Hearing if all of the following are true:

- You are not receiving public assistance in the form of a cash grant under TANF (formerly AFDC) or CalWorks.
- You are not seeking an initial child support or spousal support order.
- You are not asking for an annulment.

These instructions will tell you how to proceed without a hearing. If you need to schedule a default hearing, please refer to the instructions for that process.

Documents Needed to File

All forms listed in these instructions can be downloaded from the Court's website at www.saccourt.ca.gov.

- Request to Enter Default, form FL-165
- Income and Expense Declaration (if needed), form FL-150
- Property Declaration (if needed), form FL-160
- Declaration For Default Or Uncontested Dissolution or Legal Separation, form FL-170
- Judgment, form FL-180
- Notice of Entry of Judgment, form FL-190

If you have children with your spouse, you will also need:

- Child Custody and Visitation Order Attachment, form FL-341
- Child Support Information and Order Attachment, form FL-342
- Child Support Case Registry Form, form FL-191 (if needed)
- Notice of Rights and Responsibilities, form FL-192 (if needed)

In addition to the forms listed above, there are many optional Judicial Council forms that may be included in your judgment. A complete list of all available forms can be found on the Court's web site.

Completing the Request to Enter Default, FL-165

In the top left box of the document print your full name, mailing address and telephone number. In the space next to "ATTORNEY FOR" print "In Pro Per."

In the second box down, the court's name and address may already appear. If not, print the following information:

Superior Court of California, County of Sacramento
3341 Power Inn Road
3341 Power Inn Road, Room 100
Sacramento, CA 95826
Family Relations Courthouse

In the third box down next to the word "Petitioner," print your full name. Next to the word "Respondent," print your spouse's full name.

In the fourth box from the top and to the right, "case number" appears. Print your case number here. You can find the case number on your Petition in approximately the same place.

Skip to item 2.

Item 2. If you are asking the court to make child support or spousal support orders you must attach an **Income and Expense Declaration, form FL-150**, to this form and check the box in front of the words "is attached." If you are receiving public assistance in the form of TANF, CalWorks, and/or MediCal, you must complete and attach an **Income and Expense Declaration or Financial Statement (Simplified), form FL-155**.

If you are not seeking support orders and you are not receiving public assistance, you may check the box in front of the words "is not attached."

If you listed community or separate property assets or debts on your Petition, you must attach a Property Declaration and check the box in front of the words "is attached." If not, check the box in front of the words "is not attached." If you have both community property and separate property, you will need to prepare attachments for each (property must be separately listed for each category).

If you checked the box "is not attached" for either Income and Expense Declaration or Property Declaration, you will need to look at and check the appropriate box/es indicating why you did not attach one or both, as follows:

Check box a if you have filed an Income and Expense Declaration in the past 6 months and your financial circumstances have not changed. The same applies to your Property Declaration, if you have one.

Check box b if you and your spouse have a signed and notarized written agreement addressing all parts of the divorce or legal separation including child support, health insurance, spousal support and property and debts. You will need to submit the agreement to the court for signature by the Judge to make it an order.

Check box c if you did not attach an Income and Expense Declaration and there are no issues of child or spousal support, or attorney's fees and costs.

Check box d if you did not attach either the Income and Expense Declaration or the Property Declaration, and you are not asking for any money, property, fees or costs from your spouse.

Check box e if you do not have any property or debts that you acquired or incurred during your marriage.

Do not check box f.

Below the 6 boxes print today's date and your name, and then sign where indicated.

Item 3. You must check either *box a* or *b*. If you had to have service of the Summons and Petition done by either publication or posting, check, *box a*. For all others, check *box b*. If you check *box b* you must provide a mailing address for your spouse. If you do not know your spouse's current address, print the last known address of your spouse.

Below item 3, print today's date and your name, and then sign where indicated.

In the bar at the top of page two, complete the caption. Be sure to include your case number where indicated.

Item 4. Memorandum of Costs.

Check box 4(a), if your filing fees were waived by the Court. Skip items 4(b)(1-3).

If you paid filing fees or other costs related to your court case, the Court may order your spouse to reimburse you.

Check box 4(b)(1) and print the amount you paid in filing fees.

Check box 4(b)(2) and print the amount you paid in Process Server's fees, if any.

Check box 4(b)(3) and print the amount of any other fees you incurred in the filing and processing of your case. Do not include any lost earnings for time you took off work. Add the amounts listed in items 4(b)(1) through 4(b)(3) and print the sum on the "Total" line.

Read item c.

Below item c print today's date and your name, then sign where indicated.

Item 5. Declaration of Non-Military Status.

If your spouse is active duty military, you may not be able to proceed with a default judgment.

Read item 5

Below item 5, if your spouse is not active duty military, print today's date and your name, then sign where indicated.

If your spouse is active duty military, do not continue. Seek legal assistance.

Completing the Income and Expense Declaration, form FL-150

Instructions for this form are contained in a separate packet. You may obtain the packet from the court's web site.

Completing the Property Declaration, form FL-160

If you requested on your Petition that the court make orders dividing separate or community property, you must complete a Property Declaration describing the separate and/or community property. You may only propose a division of the property listed on your Petition.

In the top left box of the document print your full name, mailing address and telephone number. In the space next to “ATTORNEY FOR” print “In Pro Per.”

In the second box down, the court’s name and address may already appear. If not, print the following information:

Superior Court of California, County of Sacramento
3341 Power Inn Road
3341 Power Inn Road, Room 100
Sacramento, CA 95826
Family Relations Courthouse

In the third box down next to the word “Petitioner,” print your full name. Next to the word “Respondent,” print your spouse’s full name.

In the fourth box from the top, check the box in front of the word “Petitioner’s.” Then check the box identifying whether you are filling this form out to identify community (or quasi-community) property, or separate property. If you are doing both, you will fill out two forms, one for community property and one for separate property. Do not list community property and separate property on the same form.

In the fourth box down and to the right, print your case number.

In the column labeled “BRIEF DESCRIPTION,” list each item or group of property or debt in the appropriate category. Many items may be described as a group or set, for example, “Household furniture” is usually acceptable rather than describing every chair, table and bed. However, you may wish to list separately any items of particular value, (whether monetary or sentimental). Continue on the back of the form. If there is not enough room to list your property and debts, you may complete and attach a *Continuation of Property Declaration* (form FL-161).

In the column labeled “GROSS FAIR MARKET VALUE,” print the current fair market value of each asset that you listed in the first column. The fair market value is the amount you believe you could sell the item for in its current condition. A few items, such as real property, tend to increase in value over time. Most other items decrease in value as they are used. If the assets to be divided are considerable, you may wish to consult a professional in determining the value of your assets. Items that are solely debts, such as credit card balances, have no fair market value.

In the column labeled “AMOUNT OF DEBT,” print the amount of debt, if any, that currently remains on each item you listed.

In the column labeled “NET FAIR MARKET VALUE,” calculate and print the net fair market value by subtracting the amount of debt from the gross fair market value. In some instances, the net fair market value of an asset may be negative.

In the two columns labeled “PROPOSAL FOR DIVISION AWARD TO,” you will fill in your proposed division of property. How you do it will depend on whether this declaration is for separate property or community:

Separate Property: If you checked the “SEPARATE PROPERTY DECLARATION,” box near the top of the form, you are using the declaration to divide separate property. Separate property are those assets and debts that were acquired before the date of marriage or after the date of separation (both should be listed on your petition), or were acquired by gift or inheritance. To propose your division of these items, print the net fair market value of each item in the column for the person the property is to be confirmed to. If an item is your separate property, write the dollar amount in the “PETITIONER” column. If an item is your spouse’s separate property, write the dollar amount in the “RESPONDENT” column. Be sure to write debts as negative numbers.

Community Property: If you checked the “COMMUNITY PROPERTY DECLARATION,” box near the top of the form, you are using the declaration to propose a division of community property. In California, assets and debts acquired during marriage are considered to be the community property of the marriage, and each spouse is entitled to half upon dissolution. Propose a division of property by writing the dollar amount of each party’s proposed share in the “PETITIONER” and “RESPONDENT” columns. The total of these two columns for each item should equal the net fair market value you listed. Each asset or debt does not need to be divided in half. You may unequally divide each asset, provided that when the division is complete each party would have an equal share of the total community property or debt.

Please note that item 10, includes “TAX REFUNDS.” List a tax refund only if an anticipated tax refund has yet to be paid. Do not list a tax refund that has already been paid, and instead include any remainder as part of the “5. SAVINGS, CHECKING, CREDIT UNION, CASH” category.

On line 14, total up each of the columns, being sure to add the amounts from both sides of the form. If you have more debts than assets, it is possible that your net fair market value total may be negative.

If you are proposing a division of community property the column totals for Petitioner and Respondent should be equal or favor the Respondent.

On line 15, check the box if you attached a Continuation of Property Declaration form (FL-161).

Read the declaration at the bottom of the page, then print the date and your name in the space provided and sign where indicated.

Completing the Declaration For Default Or Uncontested Dissolution or Legal Separation, form FL-170

In the top left box of the document print your full name, mailing address and telephone number. In the space next to "ATTORNEY FOR" print "In Pro Per."

In the second box down, the court's name and address may already appear. If not, print the following information:

Superior Court of California, County of Sacramento
3341 Power Inn Road
3341 Power Inn Road, Room 100
Sacramento, CA 95826
Family Relations Courthouse

In the third box down next to the word "Petitioner," print your full name, and next to the word "Respondent," print your spouse's full name.

In the fourth box from the top, check the appropriate box for either Dissolution or Legal Separation.

In the second box on the right, print your case number. You can find the case number on your Petition in approximately the same place.

Read items 1 and 2.

Item 3. Check the box for Petition.

Check box 4(a). This states that your spouse did not file a Response and you are not asking the court to order anything that is not on your Petition.

Check box 4(a)(3)(A) if there is no assets or debts to divided.

Check box 4(a)(3)(B) if you have property to be divided. You must complete a Property Declaration (FL-160) showing your proposed division of the community property.

Box 4(b) is used if your spouse did not file a Response but you and your spouse have entered into a Marital Settlement Agreement. If this is true in your case, these instructions will not be sufficient to complete the process and you should consult a private attorney.

Box 4(c) is used if your spouse filed a Response and you and your spouse have entered into a Marital Settlement Agreement. If this is true in your case, these instructions will not be sufficient to complete the process and you should consult a private attorney.

Check box 5(b). This states that you have completed and served your Preliminary Declaration of Disclosure and you are waiving the receipt of the final Declaration of Disclosure from your spouse. Note, you must complete your preliminary and final Declaration of Disclosures and serve them on your spouse before you can continue with this process.

In the boxes at the top of page two, complete the caption. Be sure to include your case number where indicated.

Check box 6 and complete items 6(a) to 6(d) if you have minor children with your spouse.

Check box 7 and complete items 7(a) to 7(c) Note, if you or your spouse are on public assistance you must request a default hearing and therefore do not complete the rest of this form. Instead, follow the instructions for requesting a default hearing.

Check box 8(a) if you want to give up your right to receive spousal support (alimony) from your spouse. You may want to seek legal advice before you make this decision.

Check box 8(b) if you do not want spousal support now, but want to preserve your right to receive it in the future. Print your name next to the word “(name):”

Check box 8(c) if you would like the court end the spousal support award to your spouse ; you will also need to check either the box for “petitioner” or “respondent” to indicate your spouse’s party designation.

Check box 8(d) if you checked *box 7(e)* on your Petition and are now asking for spousal support to be paid by one of the parties. You will need to complete and attach to your Judgment the Spousal, Partner or Family Support Order Attachment, form FL-343. In addition, you will need to complete a Spousal or Partner Support Declaration, form FL-157 and check the box at 8(d) to indicate that you completed and attached the form.

Check box 8(e) if you are asking for family support to be paid by one of the parties. Family support may not be right for your situation. You should seek legal assistance before asking the court to order family support instead of child support and spousal support.

In the boxes at the top of page two, complete the caption. Be sure to include your case number where indicated.

Check box 9 if you have minor children with your spouse that were born prior to your date of marriage. In addition, check either 9(a) or 9(b) to indicate how parentage was established.

Box 10 will most likely not affect you unless you hired an attorney at some point in this case. However, if you requested that your spouse pay your attorneys fees in your Petition, check box 10 and check the box to indicate that you are completing form FL-319 or check the box to indicate that you are providing the specify facts in the space provided at item 10.

Box 11 only applies to those cases where a special hearing has been held and the Judge has ordered that the Judgment be entered back to a specified date. This is only done in special cases and requires the filing of a separate motion.

Check box 12 for Petitioner if you are asking to have your former name restored. You may not ask to have Respondent's former name restored. Each party must make this request on his or her own.

Read *items 13, 14, 15* and 16.

Compete Item 17. (Dissolution cases only) if the only thing you are trying to accomplish at this time is to terminate your marital status and you would like the court to decide all other issues, such as child custody and division of property, at a later date.

Read item 18 if you are asking for a legal separation only.

At the bottom of the page, print the date and your name where indicated and sign your name to the right.

Completing the Judgment, form FL-180

Whether or not you are going to have a default hearing, you will need to complete a Judgment. If you want your divorce to be final as soon as possible, you will want to take a partially completed Judgment with you to your hearing.

In the top left box of the document print your full name, mailing address and telephone number. In the space next to "ATTORNEY FOR" print "In Pro Per."

In the second box down, the court's name and address may already appear. If not, print the following information:

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3341 Power Inn Road, Room 100
Sacramento, CA 95826
Family Relations Courthouse

In the third box down next to the word "Petitioner," print your full name, and next to the word "Respondent," print your spouse's full name.

In the fourth box down, under the word "Judgment," check the appropriate box for Dissolution, Legal Separation or Nullity (A nullity or annulment judgment cannot be granted without a hearing). If you checked the box for Dissolution, you will need to indicate the date marital status ends. If 6 months and a day have not passed since the day your spouse was served with your Summons and Petition, print the date that will be 6 months and one day from the date your spouse was served. This date can be found on your Proof of Service of Summons. If more than six months have passed since your spouse was served, print "Upon Entry of This Judgment."

In the second box from the top on the right, print your case number. You can find the case number on your Petition in approximately the same place.

Check box 1 if you have a restraining order against your spouse. If the restraining order contains personal conduct orders, also check the next box to the left of box 1. Print the page numbers of the attachment for the restraining order and the date it will expire in the space provided. You will have several pages of attachments unless there are no issues of custody, support, property or restraining orders. The Judgment itself is page 1, so the first page of your restraining order (or other attachment if you do not have a restraining order) will be page 2.

Box 2 indicates how this case came before the Judge. Check the box for “default or uncontested.” If you are proceeding without a hearing, also check the box for “by declaration under Family Code section 2336.”

Boxes 2(a-f) apply only to hearings.

Item 3. Print the date your spouse was served your Summons and Petition and check the box next to the words “Respondent was served with process.”

Item 4. Check box 4(a) if you are seeking a dissolution of marriage. Thereafter, check box 4(a)(1) and print the same date you did in the fourth box at the top of the page.

Check box 4(b) if this is a legal separation.

Item 4(c) only applies to nullity cases.

Item 4(d) only applies to those cases where a special hearing has been held and the Judge has ordered that the Judgment be entered back to a specified date. This is only done in special cases and requires the filing of a separate motion.

Check box 4(f) if you asked for your former name to be restored on your Petition. Print your former name in the space provided. Be sure to ask the Judge to restore your former name if you are going to a default hearing. If you did not ask for your former name restored on your Petition, but would now like to go back to your former name, leave this space blank. Once your Judgment has been signed by the Judge, there is a simple process for having your former name restored. Staff of the Self Help Center can assist you with this process once your Judgment is signed by the Judge.

Check box 4(g) if this is a status only Judgment, or if the Judge has reserved jurisdiction over some issues so that they can be decided at a later date.

Check box 4(h) if you have minor children of your marriage. You must attach a “Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order,” form FL-192, as the last page of your Judgment. Complete the “Child Support Case Registry,” form FL-191, and submit it to the Court with (but not attached to) your Judgment.

In the boxes at the top of page two, complete the caption. Be sure to include your case number where indicated.

Check boxes 4(i) and 4(i)(1) if you have children of this relationship. You will need to list the children by name and provide their date of birth in the space provided at item 4(i).

Check box 4(j)(2) if you checked box 4(i) and the Judge has made a new custody and/or visitation order and complete the Child Custody and Visitation Order Attachment” or form FL-341.

Check box 4(k)(4) if the Judge has confirmed an existing order and also include the case number and the name of the court that made the order in the space provided. You will need to attach a copy of the entire order to this Judgment.

Check box 4(k)(2) if you checked box 4(k) and the Judge made a new child support order. By checking this box you will need to complete a “Child Support Information and Order Attachment ” of form FL-342.

The remaining items are explained later. You should complete any necessary attachments before continuing.

Completing the Child Custody And Visitation Order Attachment, form FL-341

Use this attachment if child custody or visitation orders were requested in your petition. Refer to the petition and include only those things which you requested.

In the boxes at the top of the page, print the names of the parties and the case number. This is known as the “caption.”

Directly below the words, “CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT,” check the box for Attachment to “Judgment (form FL-180).”

Read items 1-4. Check the box at item 3 that indicates the country where the child(ren) habitually reside. If the children reside outside of the United States, check the box for “other (specify) and print the county in the space provided.

Complete all portions of items 5 through 14 that correspond with the orders requested in your petition.

Go Back to the Judgment Now

Item 4l. Spousal support must be addressed for both parties. Re-read your petition to see if you asked the court for spousal support orders. If you did, or if you did not but now want spousal support, you should seek legal advice before proceeding. If you marked the box to request that the court terminate jurisdiction to order spousal support for your spouse you may ask the same for yourself as well. To terminate spousal support, check box 4(l)(2) and select the a party

(Petitioner and/or Respondent) you wish to have support terminated.

Complete item 4(m) if you requested a property division in your petition.

Check box 4(o) if you and your spouse have children together that were born prior to your marriage.

Check box 4(n) and completed items (1) to (3) if you are requesting attorney fees.

Box 4(o). This area is for any other orders requested on your petition.

Item 5. Print the number of pages you are attaching to the judgment. Be sure to include the "Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order" (form FL-192) if you checked box 4(h) on your Judgment.

Completing the Notice of Entry of Judgment, form FL-190

In the top left box print your full name, mailing address and telephone number. In the space next to "ATTORNEY FOR" print "In Pro Per."

In the second box down, the court's name and address may already appear. If not, print the following information:

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3341 Power Inn Road
3341 Power Inn Road, Room 100
Sacramento, CA 95826
Family Relations Courthouse

In the third box down next to the word "Petitioner," print your full name, and next to the word "Respondent," print your spouse's full name.

In the fourth box from the top and to the right print your case number. You can find the case number on your Petition in approximately the same place.

Items 1-8. Check the box that is appropriate to your case. Check box 1 for Dissolution, box 4 for Legal Separation, or box 5 for Nullity. Be sure to check one box only.

In the box that says "Statements in this box apply only to Judgments of Dissolution," print the date your divorce will be final. You will find the date in your Judgment on line 4(a)(1). If you are not seeking a divorce, leave this space blank.

Further down the page near the bottom you will find 2 brackets just under "Date:" and "Clerk, by." Print your name and mailing address inside the bracket on the left and print your spouse's name and mailing address inside the bracket on the right.

All child support in California must be paid by wage assignment and processed through the

State Disbursement Unit (SDU). In order to ensure that your child support payments will be properly credited and paid, you must complete a “Child Support Case Registry Form,” FL-191, if your judgment contains a child support order, even if it is \$0 or “reserved.” Turn in the completed Child Support Case Registry Form with the rest of your judgment documents.

Filing Your Papers

Make two copies of all the documents you completed. Attach your Income and Expense Declaration and/or your Property Declaration, if needed, to the Request to Enter Default. Address a stamped envelope to your spouse (unless you checked *Box 3a* on the Request to Enter Default) and clip it to the Request to Enter Default.

Attach all completed attachments to your completed Judgment. If there are minor children of this relationship you must attach the **Notice of Rights and Responsibilities, form FL-192** to the end of your Judgment.

Address a large 9x12” envelope to yourself with enough postage to mail all of the forms and copies back to you. Address a legal-sized #10 envelope to your spouse with enough postage for the Court to mail him or her a copy of the Notice of Entry of Judgment only. Use the exact same addresses that you printed at the bottom of the Notice of Entry of Judgment. If you checked *box 3(a)* on the Request to Enter Default, you will only need one envelope, addressed to yourself, as no copies will be mailed to your spouse.

Group the forms together so that the original of each document is on top of its own copies. You may submit your documents by mail, in the drop box located near the front entrance of the courthouse or at one of the filing windows. If you prefer to turn the forms in at a filing window, you will need to get a service number from the Information Booth before doing so.

Your signed, filed endorsed copy of the judgment will be returned to you by mail in the envelope you provided once it has been approved and signed by the Judge. The review process may take several weeks. One copy of the judgment is for your records. You must have another adult serve the second copy on your spouse by mail or in person. Once this is done, have the server complete a proof of service form and return it to you for filing with the court. The terms of your judgment cannot be enforced until the proof of service has been filed with the court.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div>E-MAIL ADDRESS (Optional):</div> <div>ATTORNEY FOR (Name):</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
REQUEST TO ENTER DEFAULT	CASE NUMBER:

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached.
 A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached because (check at least one of the following):
 - (a) ☐ there have been no changes since the previous filing.
 - (b) ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
 - (c) ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
 - (d) ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
 - (e) ☐ there are no issues of division of community property.
 - (f) ☐ this is an action to establish parental relationship.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
 - a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
 - b. ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY
<input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): <input type="checkbox"/> Default entered as requested on (date): <input type="checkbox"/> Default not entered. Reason:
Clerk, by _____, Deputy

CASE NAME (Last name, first name of each party):	CASE NUMBER:
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4. **Memorandum of costs**

a. ☐ Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

(1) ☐ Clerk's fees \$.....

(2) ☐ Process server's fees \$.....

(3) ☐ Other (specify): \$.....

..... \$.....

..... \$.....

..... \$.....

TOTAL \$.....

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

Family Code, §§ 2030–2032,
2100–2113, 3552, 3620–3634,
4050–4076, 4300–4339
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses. | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments. | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|-------------------------------------|----------|-------|
| a. Dividends/interest. | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income. | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses.** \$ _____
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____
- Number of years in this business (specify): _____
- Name of business (specify): _____
- Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month
- | | |
|---|----------|
| a. Required union dues | \$ _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA). | \$ _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). | \$ _____ |
| d. Child support that I pay for children from other relationships. | \$ _____ |
| e. Spousal support that I pay by court order from a different marriage. | \$ _____ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ |

11. **Assets** Total
- | | |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ |

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
---	-----------------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12.	OTHER ASSETS AND DEBTS					
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS					

15. ☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) : TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: RESPONDENT:	
<div style="text-align: center;">JUDGMENT</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends: </div> <div style="width: 30%;"> <input type="checkbox"/> LEGAL SEPARATION </div> <div style="width: 30%;"> <input type="checkbox"/> NULLITY </div> </div>	CASE NUMBER:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
 The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____

2. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336
☐ Contested
 - a. Date: _____ Dept.: _____ Room: _____
 - b. Judicial officer (name): _____ ☐ Temporary judge
 - c. ☐ Petitioner present in court ☐ Attorney present in court (name): _____
 - d. ☐ Respondent present in court ☐ Attorney present in court (name): _____
 - e. ☐ Claimant present in court (name): _____ ☐ Attorney present in court (name): _____
 - f. ☐ Other (specify name): _____

3. The court acquired jurisdiction of the respondent on (date): _____
 - a. ☐ The respondent was served with process.
 - b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☐ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 (1) ☐ on (specify date): _____
 (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
- b. ☐ Judgment of legal separation is entered.
- c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): _____

- d. ☐ This judgment will be entered nunc pro tunc as of (date): _____
- e. ☐ Judgment on reserved issues.
- f. The ☐ petitioner's ☐ respondent's former name is restored to (specify): _____
- g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

[illegible]

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

TO ☐ *Findings and Order After Hearing* ☐ *Judgment*
☐ *Stipulation and Order for Custody and/or Visitation of Children*
☐ *Other (specify):*

1. ☐ **Custody.** Custody of the minor children of the parties is awarded as follows:
- | <u>Child's name</u> | <u>Date of birth</u> | <u>Legal custody to</u>
(person who makes decisions about
health, education, etc.) | <u>Physical custody to</u>
(person with whom the child lives) |
|---------------------|----------------------|--|--|
|---------------------|----------------------|--|--|

a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**

b. ☐ See the attached _____-page document dated *(specify date)*:

c. ☐ The parties will go to mediation at *(specify location)*:

d. ☐ No visitation

e. ☐ Visitation for the ☐ petitioner ☐ respondent will be as follows:

- (b) The petitioner will have fifth weekends in odd even months.

- (4) ☐ **Other** (specify days and times as well as any additional restrictions):

☐ See Attachment 2e(4).

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

3. ☐ **The court acknowledges** that criminal protective orders in case number *(specify)*:
in *(specify court)*: relating to the parties in this case are in effect
under Penal Code section 136.2, are current, and have priority of enforcement.
4. ☐ **Supervised visitation.** Until ☐ further order of the court ☐ other *(specify)*:
the ☐ petitioner ☐ respondent will have supervised visitation with the minor children according to the schedule
set forth on page 1. **(You must attach form FL-341(A).)**
5. ☐ **Transportation for visitation**
- a. ☐ Transportation **to** the visits will be provided by the ☐ petitioner ☐ respondent
☐ other *(specify)*:
- b. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent
☐ other *(specify)*:
- c. ☐ Drop-off of the children will be at *(address)*:
- d. ☐ Pick-up of the children will be at *(address)*:
- e. ☐ The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint
devices.
- f. ☐ During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or
her home while the children go between the car and the home.
- g. ☐ Other *(specify)*:
6. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other *(name)*:
must have written permission from the other parent or a court order to take the children out of
a. ☐ the state of California.
b. ☐ the following counties *(specify)*:
c. ☐ other places *(specify)*:
7. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other
parent's permission. Form FL-341(B) is attached and must be obeyed.
8. ☐ **Holiday schedule.** The children will spend holiday time as listed in the attached ☐ form FL-341(C)
☐ other *(specify)*:
9. ☐ **Additional custody provisions.** The parents will follow the additional custody provisions listed in the attached
☐ form FL-341(D) ☐ other *(specify)*:
10. ☐ **Joint legal custody.** The parents will share joint legal custody as listed in the attached ☐ form FL-341(E)
☐ other *(specify)*:
11. ☐ **Other** *(specify)*:
12. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and
Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
13. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the
laws of the State of California.
14. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
☐ the United States ☐ other *(specify)*:
15. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.

PETITIONER / PLAINTIFF:	CASE NUMBER:
RESPONDENT / DEFENDANT:	

SUPERVISED VISITATION ORDER
Attachment to Child Custody and Visitation Order Attachment (form FL-341)

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent with the child(ren) be supervised based upon allegations of
- ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect
☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other (*specify*):
- ☐ Petitioner ☐ Respondent disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by ☐ Petitioner ☐ Respondent must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. CHILD(REN) TO BE SUPERVISED

<u>Child's name</u>	<u>Birth date</u>	<u>Age</u>	<u>Sex</u>
---------------------	-------------------	------------	------------

4. TYPE

- a. ☐ Supervised visitation b. ☐ Supervised exchange only c. ☐ Therapeutic visitation

5. SUPERVISED VISITATION PROVIDER

- a. ☐ Professional (individual provider or supervised visitation center) b. ☐ Nonprofessional

6. AUTHORIZED PROVIDER

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
-------------	----------------	------------------

☐ Any other mutually agreed-upon third party as arranged.

7. DURATION AND FREQUENCY OF VISITS (*see form FL-341 for specifics of visitation*):

8. PAYMENT RESPONSIBILITY Petitioner: _____% Respondent: _____%

9. ☐ Petitioner will contact professional provider or supervised visitation center no later than (*date*):
☐ Respondent will contact professional provider or supervised visitation center no later than (*date*):

10. THE COURT FURTHER ORDERS

Date: _____

JUDICIAL OFFICER

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to ☐ Findings and Order After Hearing ☐ Restraining Order After Hearing (CLETS)
☐ Judgment ☐ Other

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. ☐ **Income**

	Gross monthly <u>income</u>	Net monthly <u>income</u>	Receiving <u>TANF/CalWORKS</u>
a. Each parent's monthly income is as follows:			
Petitioner/plaintiff: \$	\$	\$	<input type="text"/>
Respondent/defendant: \$	\$	\$	<input type="text"/>
Other parent: \$	\$	\$	<input type="text"/>

b. Imputation of income. The court finds that the ☐ petitioner/plaintiff ☐ respondent/defendant
☐ other parent has the capacity to earn:
 \$ _____ per _____ and has based the support order upon this imputed income.

3. ☐ **Children of this relationship**

a. Number of children who are the subjects of the support order (*specify*): _____
 b. Approximate percentage of time spent with petitioner/plaintiff: _____ %
 respondent/defendant: _____ %
 other parent: _____ %

4. ☐ **Hardships**

Hardships for the following have been allowed in calculating child support:

	<u>Petitioner/ plaintiff</u>	<u>Respondent/ defendant</u>	<u>Other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

a. ☐ The low-income adjustment applies.
 b. ☐ The low-income adjustment does not apply because (*specify reasons*): _____

6. ☐ **Child support**

a. **Base child support**

☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent must pay child support beginning
 (*date*): _____ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches
 age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
---------------------	----------------------	-----------------------	---------------------------

Payable ☐ on the 1st of the month ☐ one-half on the 1st and one-half on the 15th of the month
☐ other (*specify*): _____

b. ☐ **Mandatory additional child support**

(1) ☐ Child-care costs related to employment or reasonably necessary job training

(a) <input type="checkbox"/> Petitioner/plaintiff must pay:	%	of total	or <input type="checkbox"/> \$	per month	child-care costs.
(b) <input type="checkbox"/> Respondent/defendant must pay:	%	of total	or <input type="checkbox"/> \$	per month	child-care costs.
(c) <input type="checkbox"/> Other parent must pay:	%	of total	or <input type="checkbox"/> \$	per month	child-care costs.
(d) <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): _____					

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

THE COURT FURTHER ORDERS**6. b. Mandatory additional child support**

- (2) ☐ Reasonable uninsured health-care costs for the children
- (a) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month.
- (c) ☐ Other parent must pay: % of total or ☐ \$ per month.
- (d) ☐ Costs to be paid as follows (*specify*):

c. ☐ Additional child support

- (1) ☐ Costs related to the educational or other special needs of the children
- (a) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month.
- (c) ☐ Other parent must pay: % of total or ☐ \$ per month.
- (d) ☐ Costs to be paid as follows (*specify*):
- (2) ☐ Travel expenses for visitation
- (a) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month.
- (c) ☐ Other parent must pay: % of total or ☐ \$ per month.
- (d) ☐ Costs to be paid as follows (*specify*):

Total child support per month: \$
7. Health-Care Expenses

- a. Health insurance coverage for the minor children of the parties must be maintained by the
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent if available at no or reasonable cost through
 their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection,
 and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of
 coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent
 under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally
 disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and
 maintenance.
- b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 at a reasonable cost at this time.
- c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

8. Earnings Assignment

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the
 recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay
 support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount
 of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment
 created by this provision is in favor of the private child support collector and the party receiving support, jointly.
10. ☐ **Non-Guideline Order**
 This order does not meet the child support guideline set forth in Family Code section 4055. A *Non-Guideline Child Support
 Findings Attachment* (form FL-342(A)) is attached.
11. ☐ **Employment Search Order (Family Code, § 4505)**
☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent is ordered to seek employment with the
 following terms and conditions:
12. **Other Orders (*specify*):**

13. Required Attachments

A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing
 a Child Support Order* (form FL-192) must be attached and is incorporated into this order.

14. Child Support Case Registry Form

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of
 this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by
 filing an updated form.

**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which
 is currently 10 percent per year.**

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to ☐ Child Support Information and Order Attachment (form FL-342)
☐ Judgment (Family Law) (form FL-180) ☐ Other (specify):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. STIPULATION TO NON-GUIDELINE ORDER

- ☐ The child support agreed to by the parties is ☐ below or ☐ above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

OTHER REBUTTAL FACTORS

2. ☐ Support calculation

- a. The guideline amount of child support calculated is: \$ _____ per month payable by ☐ petitioner/plaintiff ☐ respondent/defendant
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an ☐ increase ☐ decrease in child support. The revised amount of support is: \$ _____ per month.
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case. These changes remain in effect ☐ until (date): _____
☐ until further order
- d. **The factors are:**
 - (1) ☐ The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ _____ per month. (Fam. Code, § 4057(b)(2).)
 - (2) ☐ The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
 - (3) ☐ The ☐ petitioner/plaintiff ☐ respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
 - (4) ☐ Special circumstances exist in this case. The special circumstances are:
 - (i) ☐ The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)
 - (ii) ☐ The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
 - (iii) ☐ The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (specify): _____
 - (iv) ☐ Other (Fam. Code, § 4057(b)(5)) (specify): _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

**THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE
MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.**

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).

- a. Date order filed:
- b. ☐ Initial child support or family support order ☐ Modification
- c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:
- | <u>Child Support:</u> | <u>Family Support:</u> | <u>Spousal Support:</u> |
|---|--|--|
| (1) <input type="checkbox"/> Current base child support: \$
<input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order | <input type="checkbox"/> Current base family support: \$
<input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order | <input type="checkbox"/> Current spousal support: \$
<input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order |
| (2) <input type="checkbox"/> Additional monthly support: \$ | <input type="checkbox"/> Additional monthly support: \$ | |
| (3) <input type="checkbox"/> Total past-due support: \$ | <input type="checkbox"/> Total past-due support: \$ | <input type="checkbox"/> Total past-due support: \$ |
| (4) <input type="checkbox"/> Payment on past-due support: \$ | <input type="checkbox"/> Payment on past-due support: \$ | <input type="checkbox"/> Payment on past-due support: \$ |
| (5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date): | | |

2. Person required to pay child or family support (*name*):

Relationship to child (*specify*):

3. Person or agency to receive child or family support payments (*name*):

Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

Child's name

Date of birth

Social security number

- a.
- b.
- c.

☐ Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

7. ☐ A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

- a. The order protects: ☐ Father ☐ Mother ☐ Children
- b. From: ☐ Father ☐ Mother
- c. The restraining order expires on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

- TO ☐ **Findings and Order After Hearing (form FL-340)** ☐ **Judgment (form FL-180)**
☐ **Restraining Order After Hearing (CLETS-OAH) (form DV-130)** ☐ **Other (specify):**
☐ **Stipulation of Parties**

THE COURT FINDS

1. **Net income.** The parties' monthly income and deductions are as follows (complete a, b, or both):

		Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner:	<input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$
b. Respondent:	<input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$

2. ☐ A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above (for temporary support only).
3. **Judgment for spousal or partner support**
- a. ☐ Modifies a judgment or order entered on (date):
- b. ☐ The parties were married for (specify numbers): _____ years _____ months.
- c. ☐ The parties were registered as domestic partners or the equivalent for (specify numbers): _____ years _____ months.
- d. ☐ The parties are both self-supporting, as shown on the *Declaration for Default or Uncontested Dissolution or Legal Separation* (form FL-170).
- e. ☐ The marital standard of living was (describe):

☐ See Attachment 3d.

THE COURT ORDERS

4. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.
5. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.
6. a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent
as ☐ temporary ☐ spousal support ☐ family support ☐ partner support
\$ _____ per month, beginning (date): _____, payable through (specify end date): _____
☐ payable on the (specify): _____ day of each month.
☐ Other (specify): _____
- b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.
- c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
- d. ☐ Service of the earnings assignment is stayed provided the payor is not more than (specify number): _____ days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

Page 1 of 2

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7. ☐ The ☐ petitioner ☐ respondent should make reasonable efforts to assist in providing for his or her support needs.
8. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
9. ☐ This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
10. ☐ Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.
11. ☐ Other orders (*specify*):

NOTICE: Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

THIS IS A COURT ORDER.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form 982(a)(17), *Application for Waiver of Court Fees and Costs*
- Form 982(a)(18), *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to

www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (<i>Optional</i>):</div> </div> <div>E-MAIL ADDRESS (<i>Optional</i>):</div> <div>ATTORNEY FOR (<i>Name</i>):</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
NOTICE OF ENTRY OF JUDGMENT	
CASE NUMBER:	

You are notified that the following judgment was entered on (*date*):

1. ☐ Dissolution
2. ☐ Dissolution—status only
3. ☐ Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other (*specify*):

Date: _____ Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

<p style="text-align: center;">STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION</p> <p>Effective date of termination of marital or domestic partnership status (<i>specify</i>):</p> <p>WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.</p>

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed at (*place*): _____, California, on (*date*): _____

Date: _____ Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

Name and address of respondent or respondent's attorney

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<div style="text-align: center;"> DECLARATION FOR DEFAULT OR UNCONTESTED <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION </div>	CASE NUMBER:

(NOTE: Items 1 through 12 apply to both dissolution and legal separation proceedings.)

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the ☐ amended ☐ *Petition* ☐ *Response* is true and correct.
4. **Type of case** (check a, b, or c):
 - a. ☐ **Default without agreement**
 - (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
 - (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
 - (3) The following statement is true (check one):
 - (A) ☐ There are no assets or debts to be disposed of by the court.
 - (B) ☐ The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
 - b. ☐ **Default with agreement**
 - (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
 - c. ☐ **Uncontested**
 - (1) Both parties have appeared in the case; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure** (check a, b, or c):
 - a. ☐ Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
 - b. ☐ This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
 - c. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment or another, separate stipulation.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. ☐ **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. ☐ The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105) ☐ has ☐ has not changed since it was last filed with the court. (If changed, attach updated form.)
- b. ☐ There is an existing court order for custody/parenting time in another case in (county):
The case number is (specify):
- c. ☐ The current custody and visitation (parenting time) previously ordered in this case, or current schedule is (specify):
☐ Contained on Attachment 6c.
- d. ☐ Facts in support of requested judgment (In a default case, state your reasons below):
☐ Contained on Attachment 6d.
7. ☐ **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
- (1) ☐ Child support is being enforced in another case in (county):
The case number is (specify):
- (2) ☐ The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
- (3) ☐ I request that this order be based on the ☐ petitioner's ☐ respondent's earning ability. The facts in support of my estimate of earning ability are (specify):
☐ Continued on Attachment 7a(3).
- b. Complete items (1) and (2) regarding public assistance.
- (1) I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.
- (2) To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.
- c. ☐ The petitioner ☐ respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.
8. **Spousal, Partner, and Family Support** (If a support order or attorney fees are requested, submit a completed Income and Expense Declaration (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)
- a. ☐ I knowingly give up forever any right to receive spousal or partner support.
- b. ☐ I ask the court to reserve jurisdiction to award spousal or partner support in the future to (name):
- c. ☐ I ask the court to terminate forever spousal or partner support for: ☐ petitioner ☐ respondent.
- d. ☐ Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
☐ Spousal or Partner Support Declaration Attachment (form FL-157)
☐ written agreement
☐ attached declaration (Attachment 8d.)
- e. ☐ Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
- f. ☐ Other (specify):

PETITIONER:	CASE NUMBER:
RESPONDENT:	

9. ☐ **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. ☐ A Voluntary Declaration of Paternity is attached.
- b. ☐ Parentage was previously established by the court in (*county*):
The case number is (*specify*):
☐ Written agreement of the parties attached here or to the *Judgment* (form FL-180).
10. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
☐ facts in support in form FL-319
☐ other (*specify facts below*):
11. ☐ The judgment should be entered nunc pro tunc for the following reasons (*specify*):
12. ☐ The petitioner ☐ respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).
13. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent have been residents of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17. ☐ This declaration is for the termination of **marital or domestic partner status only**. I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request for a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.**

19. ☐ Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)